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CONFIRMATION NO. 6012

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/849,500	05/20/2004	005	3673	005618-012
RULE				

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/621,304 07/18/2003 ABN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* \*\* SMALL ENTITY \*\*  
 07/19/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	PA	12	48	3
Examiner's Signature	Initials				

## ADDRESS

21839

## TITLE

Lightweight mobile lift-assisted patient transport device

<b>FILING FEE RECEIVED</b> 1260	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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